

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. /0/ 519999 FILING DATE 15/05
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	0					
4						
5						
6	0					
7	0					
8	1					
9						
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11						
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50						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.	8		◀	◀	◀	◀
TOTAL CLAIMS	9					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			◀	◀	◀	◀
TOTAL CLAIMS						